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09/529742

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

CLAIMS						
No.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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TOTAL IND.	2		3		2	
TOTAL DEP.	8		4		8	
TOTAL CLAIMS	10		10		10	

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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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CLAIMS ONLY

Application Number

Filing Date

09/529,742

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	11-5-04		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		1				
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8		1				
9		1				
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Total	2					
Indep	7					
Total	9					
Depend						
Total						
Claims						

2